

#L11000015917

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11 FEB -4 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

FEB 7 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intelligent Infrastructure Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank D Harrison

Name of Person

Intelligent Infrastructure Solutions, LLC

Firm/Company

2450 Rose Ln

Address

St James City, FL 33956

City/State and Zip Code

pineislandcpa@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Frank D Harrison

at 239

777-9399

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

(additional copy is enclosed)

☐ \$160.00 Filing Fee

Certificate of Status &

Certified Copy

(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
2/1/2011

Intelligent Infrastructure Solutions, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2450 Rose Ln
St James City, FL 33956

Mailing Address:

2450 Rose Ln
St James City, FL 33956

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Frank D Harrison

Name

2450 Rose Ln

Florida street address (P.O. Box NOT acceptable)

St James City FL 33956

City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Frank D Harrison

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Frank D Harrison

2450 Rose Ln

St James City, FL 33956

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/1/11 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s:817.155, F.S.)



Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)